

rates drive the reported prevalence in any given year. Zahran et al. (2010) compared aggregate blood lead levels derived from the Louisiana Childhood Blood Lead Surveillance System (CBLSS) pre-Hurricane Katrina to levels post-Hurricane Katrina and found that median blood lead had decreased. However, profound changes in the sociodemographic makeup of the New Orleans population make the comparison vulnerable to significant bias (Bloomberg 2011). The surveillance data provided by Mielke supports our notion that the post-Hurricane Katrina population screened under the CBLSS is not stable from year to year. As stated by Mielke, 6.4% of children had elevated blood lead levels in 2008, but the estimate decreased to 3.3% in 2010. This decrease might not be valid because the majority of children in the 2008 cohort were from the inner city (with the highest prevalence of old housing) whereas the 2010 cohort included a higher proportion from outer areas of the city (considered low risk based on housing age). The assumption by Zahran et al. (2010) that soil lead serves as a proxy for length of lead exposure is likely not valid given the amount of housing destabilization and subsequent mobility of the population in the years following the storm. Finally, low screening rates, coupled with a reporting level of  $> 10 \mu\text{g/dL}$  (widely accepted as above the

level of concern) does not allow for the valid estimation of the prevalence of elevated blood lead levels in New Orleans children.

Regardless of the inconclusive nature of blood lead data, given that 61% of sampled homes have significant lead hazards, we maintain that New Orleans children who live in old housing are at risk for lead exposure independent of race or income. We support the recent statement by the Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention that “the goal of primary prevention is to ensure that all homes become lead-safe and do not contribute to childhood lead exposure” (Centers for Disease Control and Prevention 2012). The City of New Orleans has made strides in its fight to reduce lead hazards in public places; however, they should not relax in their efforts to protect the environment from further contamination.

*The authors declare they have no actual or potential competing financial interests.*

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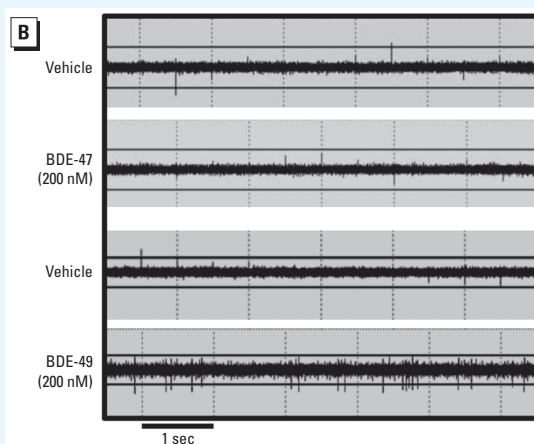
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## ERRATUM

In Figure 4B of the article “*Para-* and *Ortho-*Substitutions Are Key Determinants of Polybrominated Diphenyl Ether Activity toward Ryanodine Receptors and Neurotoxicity” by Kim et al. [*Environ Health Perspect* 119:519–526 (2011)], the authors inadvertently included the same representative trace for the BDE-47 exposure (second trace in Figure 4B) as for the vehicle exposure (first trace). Figure 4B has been corrected here.



**Figure 4B.** Representative raster plot of spike trains over a 6-sec period in neurons exposed acutely to vehicle, BDE-47, or BDE-49.

The authors apologize for the error.

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